

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 140leO	11. Name and Address of Depositories or Intended Depositories
	of committee funds. (Michigan Bank, Credit Union or Savings & Loar
2. Type of Filing:	Association)
☐ Original	a. Official Depository
Amendment to Items: Eff. Date://	
	7 25 73 73 73
3. Full Name of Committee:	
Committee to Elect Sanda Rlass	
Commune re way rounded	b. Secondary Depository
4a. Candidate Full Name (Last, First, M.I.):	
KLASS, SANDRA J.	
4b. Political Party (if applicable):	12. This item applies only to Gubernatorial Candidate
4c. County of Residence:	Committees: Check if this committee intends to seek qualifying
BAY	contributions or make qualifying expenditures.
4d. Office Sought (Check one):	ona water of make quanting experiences.
Governor DLt, Governor DState Senator	13. MERTS PLUS: This item applies to committees that file with the
□State Rep. □Sec. of State □Attorney Gen.	Michigan Department of State Bureau of Elections only and does not
· · · · · · · · · · · · · · · · · · ·	apply to candidates that file with the County Clerk's office.
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□WSU Gov. □Supreme Court □Appeals Court	The Campaign Finance Act requires any committee that files
□Circuit Court □District Court □Probate Court	with the Secretary of State and spends or receives \$20,000 in the
☐Municipal Court	preceding calendar year OR expects to receive or spend \$20,000
■Local or other please specify: TWP TREASURER	in the current calendar year to file campaign statements
The state of the s	electronically. Merts Plus software is provided to you free of
4e. District/Circuit # or Jurisdiction:	charge to assist you in meeting this requirement.
5. Date Committee was Formed: 414196	
5. Date Committee was Formed.	Committee spent or received or expects to spend or receive in
6a. Committee Phone #: (989) 684 - 9637	excess of \$20,000 and is required to file electronically. ** OR **
va. dominites none #. (101) 207 3161	Į.
6b. Committee Fax #: ()	Committee did not spend or receive or does not expect to spend
,	or receive in excess of \$20,000 and would like to file electronically
6c. Committee E-mail Address:	yoluntarily.
7a. Complete Comm. Mailing Address (May be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
7a. Complete Comm. Mailing Address (May be PO Box):	in the preparation of the above statement and that the contents are
1600 E Beaver Rd	true, accurate and complete to the best of my/our knowledge or
Kawkawlin MI 48631-9165	belief. If filing electronically, we further agree that the signatures
The Complete Company (Complete Additional (Management to DO Doc))	below shall serve as the signatures that verify the accuracy and
7b. Complete Comm. Street Address (May not be PO Box):	completeness of each statement filed electronically by the committee.
·	I/We certify that all reasonable diligence will be used in the
	preparation of each statement electronically filed by this committee
8. Treasurer Name and Complete Address:	and that the contents of each statement will be true, accurate and
JOHN E KLA8S	complete to the best of my/our knowledge or belief. (Sign Name
00/11/2 /12000	and Date)
.e. 6	Condidato
Phone #: ()	Candidate:
E-mail Address:	
	Sandla (5 X/apr 9 35/08
9. Designated Record Keeper Name and Complete Address:	The state of the s
·	Current Treasurer:
	0 1
	81/1 0 -0
Phone #: ()	Afohn C Klass 9105105
E-mail Address:	
	Designated Record Keeper (Required only if filing electronically):
10. REPORTING WAIVER REQUEST: If the committee does	1 00
not expect to receive or expend in excess of \$1,000 in an election	1/6/ 5 Kl
and checks this box; the filing requirement of pre, post and annual	Jon Charles III
campaign statements is waived. The Reporting Waiver will be	(/
automatically lost if the committee exceeds the \$1,000 threshold.	
R101 CAN SO. doc REV 10/02: Authority granted under Act 388 of 1976, as are	rended